

TRULINCS 20832509 - SIKANDER, RAZA HASAN - Unit: BRO-K-B

FROM: 20832509
TO: De, Dave; Haran, Sean; Skinner, Jeff
SUBJECT: js Skinner@wmhlaw.com
DATE: 12/01/2022 08:56:01 AM

Honorable Chief Judge Margo K. Brodie
Federal Courthouse for the Eastern District of New York
225 Cadman Plaza East
Brooklyn, NY 11201

Att: Clerk of Court

12/01/2022

Re: United States v. Raza Sikandar, Case No. 20-cr-582 (MKB)

Your Honor,

Please construe this letter motion to GRANT an order for compassionate release based on the constellation of factors already supplemented onto the record that include ongoing failures to provide adequate diagnosis & treatment for facial injuries even when ORDERED by this Court in July 2022 & November 2022; ongoing inadequate failures to provide adequate medical assistance to my multiple documented comorbidities that include but are not limited to: not receiving a vaccination booster for Covid as I am immunocompromised and have never tested positive ~~positive~~ for Covid after multiple requests, Flu Vaccine, assistance for post surgery clavicle, facial+other injuries from being assaulted, not providing me prescription for hyperlipidemia caused by the ongoing lock-downs and forced idleness (statin and fenofibrate scripts have not been filled going on over 1 month+ now), lack of mental health assistance, physical therapy/physiotherapy, and a legion of other documented ailments that have not been adequately provided medical treatment/assistance for.

These coupled with the extreme harshness of my imprisonment pre/post trial and now post sentencing, I believe, meet or exceed the threshold for compelling and/or extraordinary circumstances to expeditiously GRANT this request/ motion.

The failure to provide any response to my previous requested compassionate release application/requests to the Warden of MDC have thus met the exhaustion requirement for the internal BOP administrative remedy protocol (see attached) and this Honorable Court has full discretion and authority to GRANT this request.

Therefore,

Please GRANT my request/motion for Compassionate Release and/or provide any other relief.

I ASK FOR THIS,

/s/

Raza Sikandar, Defendant Pro Se &/or through Counsel
MDC Brooklyn; Inmate ID# 20832509

FILED
U.S. DISTRICT COURT E.D.N.Y.
DEC 07 2022
BROOKLYN OFFICE

FILED
U.S. DISTRICT COURT E.D.N.Y.
DEC 07 2022
BROOKLYN OFFICE

RECEIVED
DEC 07 2022
PRO SE OFFICE

[Handwritten signature]

TRULINCS 20832509 - SIKANDER, RAZA HASAN - Unit: BRO-K-B

JM: 20832509

TO: Executive Assistant

SUBJECT: ***Request to Staff*** SIKANDER, RAZA, Reg# 20832509, BRO-K-B

DATE: 06/21/2022 01:05:04 PM

To: Warden

Inmate Work Assignment: None

Greetings,

I request I be granted compassionate release on my sentencing day due to the failure of the BOP to address my multiple medical comorbidities including surgery for my shoulder; the significantly harsh conditions of confinement that include an almost continuous state of lock-down for the last 20 months of my incarceration, and that I am a non-violent offender 1st time federal inmate that has already completed 20 months of imprisonment.

Thank You,

Raza Sikandar #20832509

TRULINCS 20832509 - SIKANDER, RAZA HASAN - Unit: BRO-K-B

FROM: Dental
TO: 20832509
SUBJECT: RE:***Inmate to Staff Message***
DATE: 12/01/2022 09:07:02 AM

you are already on the list. you have to be patient.

From: ~^! SIKANDER, ~^!RAZA HASAN <20832509@inmatemessage.com>
Sent: Thursday, December 1, 2022 1:29 PM
Subject: ***Request to Staff*** SIKANDER, RAZA, Reg# 20832509, BRO-K-B

To: Dentist
Inmate Work Assignment: None

Please expediate me to be seen by the dentist as the ongoing pain in my teeth and jaw as a result from assault injuries in the SHU have not abated. I also need a deep teeth cleaning and have been on the list to see dental for approximately 2 years now at MDC and have yet to be seen since my initial evaluation in 2020.

Thank you.

Raza Sikandar

TRULINCS 20832509 - SIKANDER, RAZA HASAN - Unit: BRO-K-B

FROM: Sick Call
TO: 20832509
SUBJECT: RE:***Inmate to Staff Message***
DATE: 11/30/2022 11:42:02 AM

Send your dental complaint to the Dental box, you were already advised you are scheduled to be seen in sick call

From: ~^I SIKANDER, ~^IRAZA HASAN <20832509@inmatemessage.com>
Sent: Wednesday, November 30, 2022 10:52 AM
Subject: ***Request to Staff*** SIKANDER, RAZA, Reg# 20832509, BRO-K-B

To: Medical
Inmate Work Assignment: NONE

Hello,

My shoulder is having having shooting pains were the orthopedic device was removed and the surrounding areas. In addition the physical therapy has yet to be initiated. Please schedule me to see the doctor. Also, my cholesterol medicine has not been given to me in over a month now. Please refill/renew the prescription (statins & fenofibrate). Lastly, I still have not been seen by medical regarding my ongoing facial/dental pains to date.

Thank You,

Raza Sikandar

Form 4506-T
(September 2018)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
▶ Request may be rejected if the form is incomplete or illegible.
▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-808-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first. Raza Sikandar	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) 155-86-8786
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) Raza Sikandar, 8909 Orbit Lane, Lanham, MD 20706	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. 1040	
a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days	<input checked="" type="checkbox"/>
b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days	<input type="checkbox"/>
c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days	<input type="checkbox"/>
7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days	<input type="checkbox"/>
8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days	<input type="checkbox"/>

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.	12 / 31 / 2020	12 / 31 / 2019	12 / 31 / 2018	12 / 31 / 2017
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.

☒ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions) **Raza Sikandar** Date **12-11-2022** Phone number of taxpayer on line 1a or 2a **None**

Sign Here Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature Date

Form 4506-T (Rev. 9-2018)

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript. **Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 5716 AUSC Austin, TX 73301 855-587-8604
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Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37108 Fresno, CA 93888 855-800-8105
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Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094
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Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84408 855-298-1146
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145600 Stop 2800 F Cincinnati, OH 45250 855-800-8015
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Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party - Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number should not contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requestor's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 6.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. **Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 6. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notices. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include: giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see **Where to file** on this page.

Instructions

General instructions

Use this form to request copies of paper returns or e-filed returns not available through Online Services.

You may be able to access certain tax information online. Visit our website (see *Need help?*) to create an Online Services account to view and print a copy of your e-filed return for the following tax types:

- Sales and use
- Corporation
- Fuel use

Refer to the website for the most current information.

Payment and mailing information

There is a charge of twenty-five cents (\$.25) per page. Send no payment now. The amount due will be billed to you in the letter we send upon completion of your request.

Mail your completed request, along with a copy of a form of identification from which your signature can be validated, to:

NYS TAX DEPARTMENT
DISCLOSURE UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227-0870

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

Important information

We will return your request if the form is incomplete or you did not provide a legible copy of your valid identification. It takes approximately 30 days for your request to be processed once all the necessary information has been received. To avoid delays, be sure to:

- specify as best you can the type of information being requested,
- provide the reason for your request,
- include a daytime phone number,
- sign Part D of this form, and
- provide a form of identification from which your signature can be validated.

Specific instructions

Part A – Taxpayer information

Complete this section for all requests.

Part B – Tax return information

If you want us to provide only information regarding whether the returns and years requested were timely filed, mark an X in the box in Part B. If you mark this box, we will not provide copies or any other return-specific information.

Mark an X in the appropriate boxes in *Column A* and list the years or periods requested in *Column B*. List the specific information you would like to receive in *Column C*. If you need certified copies, mark an X in the box in *Column A*.

If you are requesting proof of sales tax paid on a purchase of a motor vehicle, or a copy of your Form DTF-802, *Statement of Transaction – Sale or Gift of Motor Vehicle, Trailer, All Terrain Vehicle (ATV), Vessel (Boat), or Snowmobile*, provide the vehicle identification number (VIN) in the space provided.

Part C – Third party or authorized individual information

Complete this section only if you are requesting that the information be sent to someone other than you.

Part D – Certification

This form must be signed by the taxpayer or the taxpayer's authorized representative, and you must provide a form of identification from which your signature can be validated (such as a legible photocopy of your valid driver license or non-driver ID card). If the request applies to a joint return, only one spouse is required to sign.

If the taxpayer is unable to sign, you must submit a power of attorney, power of appointment, or other evidence to establish that you are authorized to act on behalf of the taxpayer or are authorized to receive the taxpayer's tax information. A representative can sign Form DTF-505 for a taxpayer only if this authority has been specifically delegated to the representative on a power of attorney (for example, Form POA-1, *Power of Attorney*). Attach a copy.

For a corporation, the signature of the president, secretary, or other principal officer is required.

For partnerships, any person who was a member of the requesting partnership during any part of the tax period can sign the form.

For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request for personal information, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our website, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

Need help?



Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Personal Income Tax Information Center:	518-457-5181
Corporation Tax Information Center:	518-485-8027
Sales Tax Information Center:	518-485-2889
Withholding Tax Information Center:	518-485-8854
Miscellaneous Tax Information Center:	518-457-5735

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD
equipment users

Dial 7-1-1 for the
New York Relay Service

506002200094





Department of Taxation and Finance

Authorization for Release of Photocopies of Tax Returns and/or Tax Information

DTF-505
(3/20)

This form must be signed by the taxpayer or the taxpayer's authorized representative, and a form of identification to validate your signature must be provided (such as a photocopy of your driver license or non-driver ID card).

Part A – Taxpayer information

Taxpayer's name Raza Sikandar	Taxpayer's SSN or EIN 155-86-8786
Joint taxpayer's name	Joint taxpayer's SSN
Street address 8909 Orbit Lane,	Telephone number (include area code)
City, state, ZIP code Lanham, MD 20706	

Part B – Tax return information (attach additional sheets if necessary)

If you are authorizing the release of only information verifying the timely filing of tax returns listed below, mark an X in the box (see instr.) .. ☐

Column A	Column B	Column C
Tax type (Mark an X in the appropriate boxes for the type of tax information requested.)	Tax years requested (List all years or periods requested for the tax types in Column A.)	Information requested
Income tax <input checked="" type="checkbox"/>	2017,2018,2019,2020	1040
Sales tax <input type="checkbox"/> VIN number (only if requesting Form DTF-802)		
Wage reporting/W-2 info <input type="checkbox"/>		
Corporation tax <input type="checkbox"/>		
Withholding tax <input type="checkbox"/>		
Other (list) <input type="checkbox"/>		
If the copies must be certified mark an X here. <input type="checkbox"/>	Reason for request	

Part C – Third party or authorized individual information (Complete this section only if the return or information is to be sent to someone other than the taxpayer.)

Print name of third party or authorized individual Jameka Bing, USPO
Print firm's name (if applicable) US Department of Probation
Street address (number and street or PO Box) 147 Pierrepont Street, Ground Floor
City, state, ZIP code Brooklyn, NY 11201
Telephone number (include area code) 347-534-3690

Part D – Certification

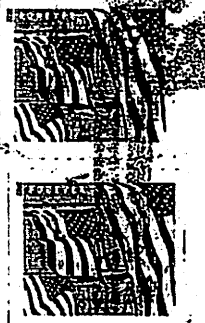
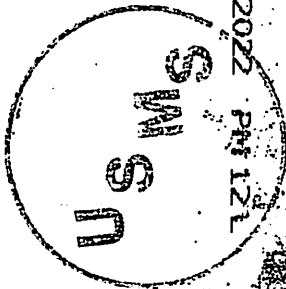
I certify that I am either the taxpayer whose name is shown on the return, or the taxpayer's representative authorized to obtain the tax return or information requested.	
Printed name of taxpayer or authorized representative Raza Sikandar	Title
Signature of taxpayer or authorized representative <i>[Signature]</i>	Date 10-11-2022

506001200094



MD - Brooklyn
Kara SIMMONS # 20832509
P.O. BOX 32002
Brooklyn, NY 11232

NEW YORK NY 100
5 DEC 2022 PM 12L



Att: Clerk of Court
Honorable Chief Judge Margo E. Brodie
EDNY

22-5 ~~COB~~ ~~MA~~ ~~FLA~~ ~~EA~~ ~~ST~~

11201-Brooklyn, NY

Special Mail